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BOROUGH OF STOCKTON-ON-TEES



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND REPORT ON THE
SCHOOL HEALTH SERVICE

1951



HENRY J. PETERS, M.B.,B.S.,B.Hy.,D.P.H.,D.P.A.
MEDICAL OFFICER OF HEALTH

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1951

To the Town Council of the Borough of Stockton-on-Tees

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1951, which sets out in some detail the vital statistics of the Borough and indicates the health trends during the year.

The birth-rate per 1,000 of the population is 19·03, slightly in excess of last year's rate and considerably in excess of the rate of 15·5 for the country as a whole. The somewhat surprising fact that the Registrar General's estimate of the population as at the end of June, 1951, is less than last year's estimate and less than the census population (April, 1951) is commented upon in the body of this report.

The general death rate in 1951 was 13·06 per 1,000 of the population, an increase of 1·32 on the rate of 11·74 for 1950. This increase was due principally to an increase in the number of deaths from diseases of the heart and circulatory system, influenza and bronchitis.

There was a large increase in the number of deaths from coronary disease. These numbered 119, an increase of 31 on the previous year's figure of 88. Many of the deaths from this disease occurred in the comparatively young. Of the 119 who died from this cause, 40 were under the age of 60.

Influenza and bronchitis caused 34 and 58 deaths respectively in 1951 as compared with 11 and 36 deaths respectively in 1950.

The total number of deaths from cancer was 133 in 1951 and 131 in 1950. The number of deaths from cancer

of the lung rose from 14 to 22, of the breast from 11 to 16 and of the uterus from 8 to 12. The number of deaths from other malignant growths fell from 69 to 57.

Having dwelt on the main causes of the increased death rate it is a pleasure to note the decrease in the number of deaths due to tuberculosis, gastro-enteritis and accidents. These fell respectively from 34, 16 and 36 to 28, 4 and 25.

The decrease in the infant mortality rate which we were able to record last year was not maintained in 1951. During the year there were 77 infant deaths among the 1402 live births as compared with 66 infant deaths in 1950 out of 1400 live births. The infant mortality rate per 1,000 live births was, therefore 54·92 in 1951, an increase of 8·49 on the rate for 1950 and only slightly less than the rate of 55·00 for 1949. The increased rate for 1951 was chiefly due to a large increase in the number of deaths from prematurity. There were 24 deaths from this cause in 1951 as against 15 in the previous year. Twenty-two out of the 24 deaths from prematurity occurred during the first week of life and nine during the first day of life. All the deaths from prematurity, with the exception of two, occurred in hospital. Pneumonia caused the death of 13 infants in 1951, the same number dying from this cause in 1950. Gastro-enteritis was responsible for three deaths in 1951, five less than in 1950.

During the year three infants were certified as dying from overlaying and attention is now drawn to the danger of infants sleeping with their parents. The Registrar General in his Statistical Review for England and Wales for the years 1946 and 1947 points to the increase which has occurred in recent years in the number of infant deaths certified as due to accidental mechanical suffocation. In 1931, 333 and in 1939, 384 infant deaths were certified as resulting from this cause. In 1946 and 1947, however, the number so certified was 723 and 911 respectively.

It has long been known that an infant can succumb very rapidly to acute infection. Modern investigations have shown that in many instances, where the death of an infant seemed at first sight to be due to accidental mechanical suffocation, a detailed post mortem has revealed that the infant had in fact died from an acute infection. The death of an infant should not be ascribed to accidental mechanical suffocation unless other causes of death have been excluded by a thorough post mortem examination. Accidental mechanical suffocation, however, can and does lead to the sudden death of infants. Hence parents should take reasonable precautions to avoid accidents of this nature.

The Welfare (Foods) Scheme of the Ministry of Food provides milk at reduced cost, or free of charge in certain circumstances, to expectant mothers and children under five. There are also available under this scheme cod-liver oil and

vitamin A and D tablets free of cost and orange juice at 5d. per bottle or free of cost where necessary. The purpose of these preparations is to supply vitamins which are present in milk in insufficient quantities. Whereas there is a general appreciation of the high nutritive value of milk, there would not appear to be the same general realisation of the important nutritive value of vitamins. The evidence indicates that many mothers who should be making use of the vitamin containing preparations available under the Welfare (Foods) Scheme, for themselves and their children, are not doing so. In the country as a whole the actual uptake of vitamin A and D tablets, cod-liver oil and orange juice is, broadly speaking, less than one third of the potential uptake. Statistics supplied by the Food Executive Officer indicate that the position is no better in Stockton-on-Tees. During the last quarter of 1951 the actual uptake in the Stockton area of orange juice, cod-liver oil and vitamin A and D tablets was 27·1%, 24·7% and 18·1% of the potential uptake.

Though milk is an excellent food, it is deficient in vitamins A, D and C. These vitamins are of the greatest importance in regard to the growth and development of children and for the adequate nutrition of the mother during pregnancy. Investigations by several workers show that adequate nutrition in the mother is an important factor in lowering the incidence of still-birth and prematurity. Mothers are therefore exhorted to make full use of the vitamin products provided under the Welfare (Foods) Scheme. These may be obtained at the Child Welfare Centres, at the Food Office and at the stall in the covered market which was opened in December, 1951.

The total number of corrected notifications of the acute infectious diseases was considerably greater than last year's figure, the increase being over 600. The number notified in 1951 was 1,676 as compared with 1,059 in 1950. More than twice as many cases of measles and nearly twice as many cases of pneumonia were notified in 1951 than in 1950. In 1951, 1,045 cases of measles were notified as against 480 in 1950 and the number of cases of pneumonia notified was 108 in 1951 against 55 in 1950. The incidence of whooping cough also remained high, there being 378 cases as against 350 in the previous year. There were seven cases of meningitis (meningococcal) in 1951 as compared with two in 1950. The number of notified cases of infantile paralysis, dysentery and erysipelas showed decreases on last year's figures, whilst the incidence of scarlet fever, diphtheria and puerperal pyrexia was about the same in 1951 as in 1950. The diagnosis was confirmed in only four of the 16 cases originally notified as diphtheria. The low proportion of confirmed cases is related to the difficulty in establishing the diagnosis until the results of the bacteriological investigations

are known and to the laudable practice of the family doctor in refusing to take risks with suspicious cases of this dangerous disease.

No cases of typhoid fever, smallpox or food poisoning were notified in the Borough during 1951. With the exception of infantile paralysis and paratyphoid fever the incidence of the other acute infectious diseases was higher in the Borough than in the country as a whole. The incidence of infantile paralysis was the same as, and that of paratyphoid fever less than, in the country as a whole.

The acute infectious diseases caused six deaths in 1951. Three deaths were due to whooping cough and two of these occurred in infants under the age of six months. Meningitis (meningococcal) caused one death and two were due to measles. There were no deaths from diphtheria or infantile paralysis. In 1950, diphtheria was responsible for one death and infantile paralysis for two.

The annual number of deaths from diphtheria in England and Wales has fallen from 934 in 1944 to 49 in 1950 and the annual number of corrected notifications has fallen from 23,199 in 1944 to 962 in 1950. The provisional number of deaths and notifications for 1951 are 34 and 699 respectively. This dramatic and sudden decrease in the annual number of deaths and notifications has been brought about by the immunisation campaign which commenced in 1940. Between 1930 and 1940 the yearly number of deaths from diphtheria averaged approximately 2,800 and the number of notifications (uncorrected) about 55,000. Though there has been a spectacular reduction in the incidence and mortality of diphtheria, the case fatality rate (deaths per 100 notifications) has shown little or no improvement. Diphtheria when it does occur is, therefore, still a serious and dangerous disease.

The success of the immunisation campaign and the fact that in Stockton-on-Tees there were no deaths from diphtheria in 1951 should not be allowed to induce a sense of complacency. The comparative rarity of the disease following the success of the immunisation campaign means that fewer parents have any personal knowledge of diphtheria. Many of these parents may be apt to assume, mistakenly, that the possibility of their families contracting the disease is a somewhat remote risk. Continued freedom from diphtheria deaths in the Town can only be maintained if parents continue to have their children immunised either through their family doctor or the health department.

We must be on our guard lest what has been achieved in the prevention of this dangerous disease leads to a sense of complacency and false security and a failure to realise the continued necessity for immunisation.

The incidence of tuberculosis in the Borough shows a slight reduction during 1951. The death rate in the Borough from both respiratory and non-respiratory tuberculosis has fallen considerably in the last few years. Modern methods of treatment have, no doubt, played an important part in relation to this reduced mortality rate. Recent developments in the medical and surgical treatment of this disease, spectacular though they may be, should not blind us to the supreme importance of preventative measures. Not only is prevention better than cure, but it is also cheaper. Nothing is of greater importance in the prevention of tuberculosis than increasing what the late professor M. Greenwood termed the *commoda vitae* of the crowd. He wrote: "It is . . . foolish to believe that any other prophylaxis of this particular crowd disease (tuberculosis) is so important as raising the economic level and increasing the *commoda vitae* of the crowd." Good housing accommodation is of obvious importance in preventing the spread of the disease. The Borough Council gives special consideration to the housing of families in which there is a case of pulmonary tuberculosis. I am informed by the Housing Manager that 28 tuberculous families were re-housed in 1951.

It is perhaps not generally realised, that each year a large number of lives are lost as a result of accidents occurring in the home and that more children die as a result of these accidents than are killed by road accidents. Accidents in the home account for about 6,000 deaths annually in England and Wales. Every week more than 100 persons lose their lives because of these accidents which are responsible for a greater number of deaths in children than any single infectious disease.

The statistics relating to the fatal accidents do not reflect all the harm wrought by home accidents. Many of these accidents do not end fatally, but may leave the victims badly disfigured or severely disabled. Though we have no exact information, the number of non-fatal accidents is probably much greater than the number of fatal accidents; they may easily total 60,000 annually in England and Wales. Apart from the tragedy and distress they cause the victim and his relatives, such accidents impose a great economic burden on the community. Precious hospital beds are occupied for long periods and heavy demands are made on the services of doctors and nurses. The financial cost of treatment is considerable, industry is deprived of manpower and the education of children is interrupted.

Home accidents usually arise from predictable factors. The factors responsible can very often be foreseen and the majority of the accidents are, therefore, preventable. Some years ago, a detailed enquiry in Glasgow into the circumstances associated with 50 cases of burning arising from

home accidents, revealed that 90% of the cases were due to avoidable accidents which with the exercise of care would not have happened. These accidents, in so far as they represent an avoidable loss of life and damage to health, come within the sphere of preventative medicine. Those engaged in the public health service have a fundamental interest in the prevention, where possible, of illness, suffering and death. The purpose of their mission does not permit them to stand idly aside and impotently witness its needless frustration by death, disablement and disfigurement resulting from avoidable accidents. We should not allow lives saved and made healthy by our health services, our social services and our improved standard of living, to be tragically cut short or damaged because of accidents caused through carelessness, ignorance or apathy.

About 60% of home accidents are due to falls and, as might be expected, these chiefly affect elderly persons and occur most commonly on stairs. A word about housing of the aged is perhaps not inappropriate at this juncture. Elderly persons are subject to attacks of giddiness and their eyesight and hearing are often defective. They are more liable to falls from comparatively trivial causes and have greater difficulty in getting about safely in conditions of darkness than younger people. It is important in designing houses for the aged that these factors should be borne in mind. Adequate lighting, safe staircases, handrails along passages and in bathrooms, cupboards and wall fittings at convenient heights, and floors which are not slippery, will all aid the prevention of accidents among this section of the community.

Defects in the structure of the house and in the design of apparatus used in the home, have an important bearing on the occurrence of accidents. The human element, however, is constantly present. Primarily, accidents occur because people do not know, will not remember, or ignore the rules of safety. Frequently parents are blind to dangerous circumstances in their homes, which, with a little forethought could easily be avoided. Health visitors, school nurses, sanitary inspectors and other officials of the health department who, in the course of their duties, visit the homes of the people, have the opportunity of helping to prevent home accidents. They can create in households a greater sense of awareness of circumstances favouring the occurrence of accidents. They can draw attention to the dangers of loose stair-rods, defective staircases, cracked linoleum, unguarded fires (coal, gas or electric), the portable electric fire in the bathroom, the infant sleeping with its parents, and to the risks associated with kettles, saucepans, teapots, overhanging tablecloths, inadequate lighting and medicines left within easy reach of children. Advice of this nature

constantly repeated must ultimately achieve good results. As with other forms of health education, the necessity of constant repetition of advice must be clearly realised.

Health visitors, under the National Health Service Act of 1946, have a responsibility for the welfare of the whole family. They, therefore, have a special interest in the prevention of home accidents. Their work has been of the greatest importance in relation to the remarkably successful results obtained by the maternity and child welfare services. The good health of children and adults in many homes is due, in no small measure, to the most creditable manner in which health visitors have discharged their duties. They now have an excellent opportunity of making a further contribution to the health and happiness of the community by endeavouring to ensure that the families under their care know, and observe the simple rules of safety in the home.

The sanitary inspectors under the guidance of the Chief Sanitary Inspector paid special attention during the year to all food premises in the Borough. These premises were frequently visited and a useful opportunity was thus provided of giving repeated advice in regard to hygienic methods of handling, preparing and storing food. The Catering Trade Working Party was appointed by the Minister of Food in 1948 to make recommendations for securing sanitary and cleanly conditions in the catering trade. The report of the Working Party was published in 1951. The report recognises that much is being done to deal with defects of premises and of methods in the handling and preparation of food. It emphasises, however, "that to a considerable extent the need for improvement in methods remains either unrecognised or unappreciated."

One paragraph of the report reads as follows: "It is essential that anyone handling or preparing food shall wash his hands, not only before starting work and after visiting the sanitary convenience, but on every occasion he happens to touch with his hands anything unconnected with the work he is doing. The careful and regular washing of hands so as to avoid any possible infection of the food from the hands will markedly reduce the risk of spreading food infections."

The members of the Working Party were all agreed that registration of the premises of all catering establishments by the local authority is an essential pre-requisite of any real effort to improve hygienic conditions. The members of the Working Party, however, were not unanimous as to the legal form registration should take.

The report emphasises the importance of education of the management and staff of catering establishments and of the general public. Attention is drawn to the potential value

of informed public opinion in achieving large scale and lasting improvement in the hygienic conditions in catering establishments. Stress is laid on the great value of health education in school for the formulation of sound hygienic habits, such as the instinctive washing of hands after using the sanitary conveniences and the correct preparation, storage and care of food. The report states that the acquisition of such habits should be an integral part of the education of every child.

In previous reports attention has been drawn to the need for improving the existing facilities for the slaughter and inspection of animals.

At the end of the report I have included information in respect of the services which were transferred to the County Council under the provisions of the National Health Service Act, 1946. The Borough is an excepted district under the Education Act, 1944, and information is also included in this report on the work of the school health services during 1951.

Great difficulty has been experienced in meeting the needs of mentally defective children who require residential accommodation. Some children in this category have been on the waiting list for several years. The presence of these children in the home often imposes a great burden on parents and other members of the family responsible for the very difficult task of looking after them.

The report of the Newcastle Regional Hospital Board for the year ended 31st March, 1951, has this to say on the problem of providing accommodation: "But in considering this capital allocation it must be remembered above all that the need for expansion of mental hospitals and mental deficiency hospitals is indeed desperate, and at the present rate of capital expenditure will remain desperate for decades; the problem of much needed expansion of the mental hospital and mental deficiency services cannot be dealt with in a reasonable time even if all the Board's capital allocation at present rates were devoted to them to the exclusion of the general hospital service."

In conclusion I desire to thank the members of the Health Committee for their interest and encouragement and the chief officials of the Corporation for their ready help and co-operation at all times. My grateful thanks are also due to all the members of the staff of the various sections of the department for the useful work they have performed during the year.

I have the honour to remain,
Your obedient servant,
HENRY J. PETERS,
Medical Officer of Health.

STAFF

Medical Officer of Health, Borough School Medical Officer, Area Medical Officer (No. 12 Area, D.C.C.'s Scheme of Divisional Administration)—

HENRY J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.

Deputy Medical Officer of Health—

Vacant

Chief Sanitary Inspector—

*ERNEST VARLEY

District Sanitary Inspectors—

*A. KENYON

*F. R. ALLAN

*J. W. BOLTON

*R. SNOWDON

*Cert. San. Ins. Jt. Board. Meat & Food Cert. R.S.I.

Chief Clerk—

H. KIPLING, San. Ins., Cert. R.S.I.

Clerks—

W. E. BELL

Mrs. J. I. PRATER

Miss F. M. BERTRAM (D.C.C.)

Miss S. PREST

J. A. SMITH (H.M. Forces)

Miss J. COLLINS, Junior Clerk

Rodent Operative—

R. MASTERS

**Staff employed by the County Council for work in the No. 12 Area
(Stockton Borough)**

Health Visitors—

Mrs. C. CAMERON

Miss B. FIDLER

Miss M. SHAW

Miss A. M. SHAW

Mrs. E. A. STUBBS

Mrs. N. CLARKSON (Tuberculosis)

Domiciliary Midwives—

Miss J. ASKEY

Miss C. E. BLACKBURN

Miss C. A. COULSON

Mrs. F. E. J. COXON

Mrs. E. S. HALL

Miss D. LLOYD

Mrs. B. PAXTON

Miss L. S. RAYNER

Miss S. D. RICKERBY

Mrs. F. SOUTHALL

Clerks—

Mrs. M. MUNRO
Mrs. E. WOOD (Part-time)

Day Nurseries—

Lorne Terrace—Mrs. E. V. MILLER, Matron
Norton Road—Mrs. E. DOUGLAS, S.R.N., Matron
Durham Road—Miss O. SWIFT, Matron

Home Nursing—

Miss. N. JONES, Supt. District Nursing Association

Ambulance Service—

24 Driver Attendants and four telephonists are employed

Home Help—

Miss M. T. MAYNE, Assistant County Organiser

School Health Service

Assistant School Medical Officer—

MADELINE GOLDSTON, M.B., B.S. (Resigned 31/3/51)

School Dental Officers—

FRANK R. CADIGAN, L.D.S.
Mrs. F. ELL (Temporary)

Consultant Ophthalmic Surgeon (Part-time)—

A. E. P. PARKER, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—

J. B. T. KESWICK, M.B., Ch.B.

Speech Therapist—

Miss MURIEL KNIGHT

Orthoptist—

Miss P. HURST (Resigned 29/10/51)
Mrs. W. MARTIN (Appointed 1/11/51)

School Nurses—

Mrs. K. CAHILL
Miss D. M. JOHNSON
Mrs. E. MINTO
Mrs. E. WHITEHEAD
Mrs. L. M. STAWSKI

Dental Attendants—

Miss D. WHINFIELD
Mrs. O. ALEXANDER

Clerks—

Miss J. HALL
Mrs. S. WALLETT (Temporary)
Miss J. FIELDING

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

POPULATION

The Registrar General's estimate of the home population of the Borough (i.e. including members of the armed forces stationed in the area) as at the 30th June, 1951, was 73,660. This is a reduction of 180 on the previous year's estimate and a reduction of 364 on the figure obtained by the Census of April, 1951. The natural increase in the population of the Borough (i.e. the number by which the births exceeded the deaths) was 440 compared with 533 for the previous year. As employment in the area continued at a high level it may be assumed that more people would come into the Borough than would leave and in view of the high natural increase in the population, it is difficult to imagine how any reduction in the Census figure could have occurred during the year.

Live Births:—

			1951	1950
Males	...	...	736	Birth-rate per 1000
Females	...	...	666	of population ... 19.03 18.96
Total	...	...	<u>1402</u>	

Still Births

...	...	...	37	Rate per 1000
				total births ... 25.71 28.45

Deaths:—

Males	...	...	...	535	Death-rate per 1000
Females	...	...	...	427	of population ... 13.06 11.74
Total	...	...		<u>962</u>	

Infantile Mortality:—

Number of deaths at				Rate per 1000
ages under 1 year		77		live births ... 54.92 46.43

Deaths from Puerperal

Causes:—

Number of deaths ...	1	Rate per 1000
		total births ... 0.7 —

BIRTHS

The number of births registered in 1951 was two more than the figure for 1950. The birth-rate per 1,000 of the population is 19.03, compared with 18.96 for 1950. Although since 1947 the rate in the Borough has fallen sharply, it is still very much higher than the rate for England and Wales at 15.5 and for the 126 County Boroughs and Great Towns at 17.3 per 1,000 of the population.

STILL BIRTHS

Compared with 1950 the number of still births registered showed a slight reduction—from 41 to 37—giving a rate of 25·71 per 1,000 total births (live and still), compared with 28·45 the rate for 1950 and with 22·9 the rate for England and Wales.

DEATHS

The general death rate for the Borough increased from 11·74 to 13·06 in 1951. The rate, when corrected by the area comparability factor (a factor used for the purpose of securing comparability between local death rates) is 14·88. The death rates for England and Wales and the 126 County Boroughs and Great Towns were 12·5 and 13·4 respectively, both increases of about one per 1,000 on last year's rates.

The number of deaths registered in the Borough was 868, but 130 of these were non-residents whose deaths were transferred to their home towns while the deaths of 224 Stockton residents who had died outside the Borough were transferred in, giving a net figure of 962 deaths—535 males and 427 females. There was an epidemic of influenza in January, 1951, and 31 deaths were certified as being due to this disease. In addition there were 18 deaths from pneumonia. The majority of these deaths were of elderly people. There were only three more deaths from influenza in the remaining 11 months of the year.

INFANTILE MORTALITY

Unfortunately the fall in the infantile mortality registered during 1950 did not continue during 1951. The infantile death rate at 54·92 per 1,000 live births being 8·49 higher than the rate for 1950, and slightly below the rate of 55·00 which was registered in 1949. The rate for England and Wales at 29·6 was fractionally lower than that for the previous year, while the rate for the 126 County Boroughs and Great Towns was 33·9.

In the following table the infantile deaths are classified according to cause of death and month of occurrence. It will be seen from the table that 56 of the 77 deaths occurred in the first half of the year, 27 and 29 deaths being registered in the first and second quarters of the year respectively. With the exception of January, when a comparatively high rate may be expected, the two months showing the highest rates were May and June. No fewer than 21 deaths were registered in these two months when it is usual to find a considerable improvement.

Cause of Death	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Prematurity ...	4	1	1	1	5	3	—	2	2	1	2	2	24
Atelectasis ...	1	1	2	1	—	1	—	—	—	—	—	—	6
Congenital													
Malformations	1	2	2	—	—	1	—	—	—	—	2	—	8
Pneumonia ...	4	1	—	1	1	2	—	—	2	—	—	2	13
Influenza ...	1	—	—	—	—	—	—	—	—	—	—	—	1
Whooping Cough —	1	—	—	1	—	—	—	—	—	—	—	—	2
Gastro Enteritis	1	—	—	—	—	1	1	—	—	—	—	—	3
Marasmus ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Asphyxia ...	—	—	—	1	1	—	—	—	—	1	—	—	3
Other Causes ...	1	2	1	4	3	2	—	—	—	1	—	2	16
	13	8	6	8	11	10	1	2	4	3	4	7	77

The principal causes of death were again prematurity and pneumonia, these two conditions being responsible for almost half of the deaths. Of the 24 deaths from premature birth, nine lived only a few hours, seven lived for one day, two for two days, one for three days and three for four days. The remaining two lived for three weeks and one month respectively. Only two of these infants died at home, the remainder dying in hospitals as follows:—

Robson Maternity Home ...	...	...	...	...	...	...	...	...	...	...	...	...	8
Middlesbrough Maternity Hospital ...	...	...	...	...	...	...	...	...	...	...	...	...	6
Children's Hospital, Stockton ...	...	...	...	...	...	...	...	...	...	...	...	...	4
North Ormesby Hospital, Middlesbrough ...	...	...	...	...	...	...	...	...	...	...	...	...	1
General Hospital, Middlesbrough ...	...	...	...	...	...	...	...	...	...	...	...	...	2
Queen Elizabeth Hospital, Gateshead ...	...	...	...	...	...	...	...	...	...	...	...	...	1

In 10 other infantile deaths prematurity was a contributory cause. The infantile deaths included four sets of twins and in all cases prematurity was either the cause of death or a contributory cause.

Sixty-three of the 77 infantile deaths registered or 82% occurred in hospitals—27 died in Stockton hospitals, 35 in Middlesbrough and one in Gateshead.

A table showing the causes of death in age periods is given in the appendix to this report.

NEO-NATAL MORTALITY

During the year 1951, 48 infants died before reaching the age of one month, giving a neo-natal mortality rate of 34·23 per 1,000 live births, compared with 21·43, the rate for 1950 and with 31·08 and 24·67, the rates for 1949 and 1948 respectively. Fifty per cent of the total infantile deaths occurred at ages under one week and 62·3% at ages under one month.

MATERNAL MORTALITY

One death from abortion due to natural causes was registered during the year. This is the first maternal death that has occurred among Stockton women since 1948. The death occurred in the General Hospital at Middlesbrough. The rate for England and Wales was again reduced to 0·79 per 1,000 total (live and still) births.

AVERAGE ANNUAL BIRTH-RATES, DEATH-RATES AND INFANTILE MORTALITY RATES FOR FIVE YEAR PERIODS FROM 1901—1950 AND FOR THE INDIVIDUAL YEARS 1949, 1950 AND 1951, FOR STOCKTON-ON-TEES AND ENGLAND AND WALES

BIRTH-RATES, DEATH & INFANTILE MORTALITY RATES
STOCKTON-ON-TEES ENGLAND AND WALES

	Birth Rate	Death Rate	Inf.M. Rate		Birth Rate	Death Rate	Inf. M. Rate
1901—05	31·64	17·62	153	...	28·16	16·0	137·8
1906—10	29·50	15·98	128	...	26·2	14·6	117·0
1911—15	30·02	17·18	122	...	23·6	14·3	109·6
1916—20	25·04	17·80	111	...	20·0	14·5	90·6
1921—25	25·50	13·80	94	...	19·9	12·1	75·8
1926—30	21·64	13·49	85	...	16·7	12·1	67
1931—35	19·21	12·47	74	...	15·0	12·0	62
1936—40	18·89	12·50	63	...	14·9	12·5	55
1941—45	20·23	13·08	65	...	16·0	11·9	50
1946—50	21·70	11·00	51	...	18·0	11·5	36
1949	20·26	12·13	55	...	16·7	11·7	32
1950	18·96	11·74	46	...	15·8	11·6	30
1951	19·03	13·06	55	...	15·5	12·5	29·6

NOTES ON PRINCIPAL CAUSES OF DEATH

The six principal causes of death, with associated causes grouped together, compared with corresponding figures for the preceding five years, were as follows:—

Disease	Number of Deaths						
	1951	1950	1949	1948	1947	1946	
1. Heart and Circulatory diseases ...	360	300	271	252	240	245	
2. Cancer	133	131	139	103	117	106	
3. Bronchitis, Pneumonia and other respiratory diseases	109	82	90	78	132	91	
4. Vascular Lesions of nervous system	105	91	97	68	78	72	
5. Violence	37	48	44	38	35	35	
6. Tuberculosis (all forms)	28	34	47	46	51	43	
 Totals	 772	 686	 688	 585	 653	 592	
 Percentage of total deaths ...	 80	 79	 78	 73	 72	 73	

Actually sixth place in this table for the year 1951 should be occupied by influenza with 34 deaths, but as for a number of years the deaths from this disease have reached negligible proportions it could hardly be classed as a principal

cause of death. There was a considerable increase during the year in the deaths from respiratory diseases apart from influenza. The majority of these were elderly people many of whom had had their resistance lowered by an attack of influenza. Deaths from heart and circulatory diseases have steadily increased since 1947. Here again a large proportion of the deaths are among elderly people. It may be anticipated that this figure will continue to increase as the average age of the population increases and as the risk of death from other diseases at an earlier age is, through improvements in scientific knowledge and methods of treatment, considerably reduced.

Increases in the number of deaths caused by coronary thrombosis and angina in the earlier age groups during recent years is causing concern. In Stockton 40 people—33 males and seven females died from this condition before reaching the age of 60. An analysis of the occupation of the men included reveals that 17 were skilled workers, eight unskilled and eight were non-manual workers such as managers, clerks, etc.

Although the deaths from cancer continue to rise, there is no doubt that modern methods of treatment are now effecting cures in an increasing number of cases, particularly where the site affected is not deep seated.

There was a reduction during the year in the number of violent deaths, from 48 to 37. Fatal accidents at work fell from six to three and motor vehicle accidents from nine to four. Three of the latter were pedestrians who were knocked down by motor vehicles while the fourth was a passenger in a motor car. Accidents in the home accounted for 10 deaths, eight being elderly people who died as a result of falls leading to fractured limbs. The other two cases were children who died from extensive burns when the living room of their home caught fire.

In the following table these deaths are classified according to sex and cause of death:—

Cause of Death	Male	Female	Total
Suicide 8 1 9			
Accidentally drowned 2 1 3			
Accidents at home—			
Fall 3 5 8			
Burns and scalds 1 1 2			
Fall in the street 1 1 2			
Accident at work 2 1 3			
Motor vehicle accidents 3 1 4			
Asphyxia (infants) 3 — 3			
Homecide 1 — 1			
Accidental gas poisoning 1 1 2			
<hr/> Total 25 12 37			

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The Borough is supplied with water by the Tees Valley Water Board.

I am indebted to the Engineer and Manager of the Board for the following information in regard to the water supply of the Borough.

The water supply to the area has been satisfactory in quality and quantity.

Three samples of the raw water and 25 samples of the treated water as it leaves the various works, were examined per week, together with approximately a dozen samples taken at points on the distribution system. All samples of the treated water collected during the year were of satisfactory bacteriological purity. A summary of chemical and bacteriological analyses is given below.

The waters are not liable to have any plumbo-solvent action.

The water is purified by slow sand filtration followed by treatment with ammonia and chlorine. Water which has been standing in open service reservoirs is also treated with ammonia and chlorine before passing into supply.

All the dwelling houses in the Borough are supplied with water from public water mains direct to the houses.

LARTINGTON GRAVITATION SUPPLY

Summary of Results, 1951

Chemical Results

	(expressed as parts per million)	Average	Max.	Min.
pH	7.1	7.3	6.9
Colour (Hazen)	75	120	40
Total Solids	80	95	60
Free Carbon Dioxide	3	7	Trace
Chloride	5.5	7	5
Alkalinity	33	45	25
Total Hardness	48	60	35
Temporary Hardness (Carbonate Hardness)	33	45	25
Permanent Hardness (Non-Carbonate Hardness)	15	20	5
Nitrogen in Nitrates	0.1	0.6	Nil
Nitrogen in Nitrites	*0.01	0.01	Nil
Ammoniacal Nitrogen	0.055	0.170	Nil
Albuminoid Nitrogen	0.070	0.130	0.030
Oxygen absorbed in 3 hours at 37°C.	...	6.3	9.9	3.3
Iron	0.15	0.24	0.07
Turbidity	*3	*3	Nil
Conductivity	105	130	80

* Less than

Bacteriological Results		Average	Max.	Min.
Colony count per ml. at 37°C. after 1 day	6	16	Nil	
Colony count per ml. at 37°C. after 2 days	9	19	2	
Colony count per ml. at 20°C. after 3 days	7	36	2	
Percentage of samples giving Presumptive Coliform reaction per 100 ml.			Nil	
Percentage of samples giving Cl. Welchii reaction per 100 ml.			38	
Percentage of samples giving Cl. Welchii reaction per 10 ml.			Nil	

RIVER TEES SUPPLY DARLINGTON

Summary of Results, 1951

Chemical Results (expressed as parts per million)		Average	Max.	Min.
pH	7·5	7·9	7·0	
Colour (Hazen)	60	130	20	
Total Solids	143	215	90	
Free Carbon Dioxide	2	5	Trace	
Chloride	7·5	10	5	
Alkalinity	65	110	35	
Total Hardness	95	145	55	
Temporary Hardness (Carbonate Hardness)	65	110	35	
Permanent Hardness (Non-Carbonate Hardness)	30	40	20	
Nitrogen in Nitrates	0·6	2·0	Nil	
Nitrogen in Nitrites	*0·01	0·01	*0·01	
Ammoniacal Nitrogen	0·050	0·250	Nil	
Albuminoid Nitrogen	0·070	0·120	0·033	
Oxygen absorbed in 3 hours at 37°C. ...	5·2	11·0	2·0	
Iron	0·10	0·20	0·03	
Turbidity	3	4	Nil	
Conductivity	195	290	120	

* Less than

Bacteriological Results		Average	Max.	Min.
Colony count per ml. at 37°C. after 1 day	17	66	Nil	
Colony count per ml. at 37°C. after 2 days	23	80	1	
Colony count per ml. at 20°C. after 3 days	13	70	2	
Percentage of samples giving Presumptive Coliform reaction per 100 ml.			Nil	
Percentage of samples giving Cl. Welchii reaction per 100 ml.			96	
Percentage of samples giving Cl. Welchii reaction per 10 ml.			Nil	

ANNUAL REPORT OF CHIEF SANITARY INSPECTOR

Annual Report of the Chief Sanitary Inspector, Mr. E. Varley, to the Medical Officer of Health, on the work of the Sanitary Inspectors during the year 1951:—

SANITARY INSPECTION OF AREA

Summary of work of Inspectors for the year 1951

Inspections following complaints ...	...	...	...	...	...	1045
,, under the Housing Acts ...	...	...	...	...	...	220
,, under the Public Health Act ...	...	...	...	...	...	892
,, in regard to outstanding notices	...	...	...	...	...	2904
Visits to slaughterhouses for meat inspection	...	...	...	...	...	982
Samples taken for analysis Food and Drugs Act ...	...	...	...	...	...	156
Milk samples taken for bacteriological examination	...	...	...	...	...	70
Other samples taken for bacteriological examination	...	...	...	...	...	1
Inspections of bakehouses ...	...	...	...	...	...	42
,, dairies and milk distributors premises	...	...	...	...	...	155
,, ice cream factories ...	...	...	...	...	...	31
,, preserved food factories ...	...	...	...	...	...	83
,, other food shops and warehouses	...	...	...	...	...	1245
,, restaurants, cafes and snack bars	...	...	...	...	...	92
,, offensive trades ...	...	...	...	...	...	23
,, markets ...	...	...	...	...	...	181
,, factories ...	...	...	...	...	...	248
,, outworkers ...	...	...	...	...	...	1
,, licensed premises and places of entertainment	...	...	...	...	...	9
,, stables and pigstyes ...	...	...	...	...	...	36
,, under the Diseases of Animals Acts	...	...	...	...	...	123
,, under the Prevention of Damage by Pests Act, 1949	...	...	...	...	...	415
,, common lodging houses	...	...	...	...	...	15
,, houses let-in-lodgings ...	...	...	...	...	...	16
,, hairdressers ...	...	...	...	...	...	77
,, hawkers storage accommodation	...	...	...	...	...	13
Investigations made in respect to notifiable diseases	...	...	...	...	...	166
Premises disinfected re infectious disease ...	...	...	...	...	...	95
,, „ „ vermin ...	...	...	...	...	...	79
Miscellaneous inspections ...	...	...	...	...	...	269
Interviews ...	...	...	...	...	...	480

PUBLIC HEALTH ACT, 1936

Nuisances and Repairs dealt with under the Act—

One thousand four hundred and ninety-five complaints were dealt with during the year. As a result of these and other routine inspections by the Sanitary Inspectors, notices were served as follows:—

Preliminary Notices served ...	...	...	...	...	...	775
Statutory Notices served ...	...	...	...	...	...	480
Number of premises in respect of which Notices served during 1950/51 were complied with ...	...	...	...	...	...	736

Dangerous Buildings and other Structures—

It was necessary during the year to report nine properties to the Borough Engineer as being in such a condition as to be dangerous.

HOUSING ACT, 1936

Slum Clearance—

During the year a Public Inquiry was held by the Ministry of Local Government and Planning to deal with a proposed slum clearance scheme known as the Haffron Street Area. This area, which is within the "triangle" (the area bounded by Bishopton Lane and Church Road on the south and the railway on the north-west and north-east, which has been announced by the Council as the first area to be dealt with for slum clearance and re-development), contained 69 houses and 74 families.

As a result of the Inquiry, the area was scheduled for demolition and clearance will take place immediately the families are re-housed. The proposal for re-housing is being dealt with by the erection of houses in Portrack Lane.

This is the first time since before 1939 that action has been taken with regard to a clearance area in the Borough, and means that although the scheme is of necessity limited, a positive attempt is again being made to deal with these obsolete houses, the majority of which are in a poor state of repair and lack the recognised modern amenities. Such property is becoming a serious problem not only to the unfortunate tenants but to the owners who are faced with the difficulty of maintaining low rented sub-standard property in times of high cost in both labour and materials for repair.

Sections 9 and 10—Repairs to Dwelling Houses—

Following inspections made by the Sanitary Inspectors and representations to the Housing Committee, 101 Statutory Notices were served under Section 9 of the above Act and during the year, 143 houses were made fit for habitation as a result of notices served during 1950/51.

Section 11—

Fourteen houses were considered to be individually unfit and incapable of repair at a reasonable cost and were scheduled for demolition according to Section 11 of the Act.

Section 12—

Two houses found to be unfit for habitation were dealt with by Closing Orders.

Overcrowding—

During the year, 60 families were reported to the Housing

Department as living in overcrowded conditions. This number was divided into two groups:—

1. Statutorily overcrowded in accordance with the Act ...	41
2. Overcrowded due to the exclusion of the communal living room when assessing the "permitted number." ...	19

DISEASES OF ANIMALS ACTS

Routine inspections of the cattle market were carried out on sale days and 1,140 licences were issued for the movement of 5,519 pigs.

Seven cases of suspected swine fever were notified to the Ministry during the year but none were confirmed.

Notification was received of five vessels arriving in the river with dogs or cats on board. Three of these vessels were inspected under the Importation of Dogs and Cats Order.

Five cases of congenital tuberculosis in calves were discovered by the Inspectors at the slaughterhouses. The origin of the calves was traced in each case and reported to the Ministry of Agriculture and Fisheries for investigation under the Tuberculosis Order, 1938.

OFFENSIVE TRADES

The following offensive trades are in operation in the Borough:—

Tripe Boilers	...	...	...	...	...	5
Gut Scrapers	...	...	...	...	...	2
Fell Monger	...	...	...	...	...	1

Regular inspection of the premises in which these trades are carried out showed that they were being operated in a satisfactory manner and in no case was any nuisance being caused.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work of the Rodent Operator and his part time assistant during the year:—

Number of complaints received	...	...	...	...	...	310
Number of infestations otherwise discovered	...	...	...	...	...	49
Number of premises surveyed	...	...	...	...	...	418
Number of inspections made for this purpose	...	...	...	...	...	499
Number of premises treated	...	...	...	...	...	316
Sewer manholes treated	...	...	...	...	...	1449
Number of rats and mice killed (according to poison taken)	3123					

Approximately 20% of the bodies were collected.

Double maintenance treatment of sewer manholes was carried out during the year and in four cases small areas were dealt with by block treatment.

STOCKTON-ON-TEES CORPORATION ACT, 1938

Hairdressers—

The number of persons on the register of hairdressers and barbers at the end of the year was 65, which included five new registrations. All hairdressers' premises were inspected and conditions found to be most satisfactory.

COMMON LODGING HOUSES

There are now two common lodging houses on the register and inspections revealed that both were being operated and supervised in a satisfactory manner.

RIDING ESTABLISHMENTS ACT, 1939

The Veterinary Inspector submitted satisfactory reports on his quarterly visits to the two riding schools. During the year one of the schools was moved to premises outside the Borough.

SLAUGHTER OF ANIMALS ACT, 1938

Thirty-three persons were granted slaughterman's licences during the year.

SLAUGHTERHOUSES

All animals slaughtered for human consumption are dealt with at the two slaughterhouses operated by the Ministry of Food. During the year the Town Clerk was authorised by the Council to complete the purchase of land on the Moor Site to be used for the erection of a public abattoir. It is hoped that permission can be obtained to proceed with this scheme in the near future. As I have stressed on numerous occasions, the present arrangements are far from satisfactory.

FOOD AND DRUGS ACT, 1938

General—

Regular inspection of all food premises is now included in the routine duties of the Inspectors. It can safely be said that the spade work put in by the Inspectors during the original survey (1947-1950) and subsequent visits has had its effect. Such items as the installation of hot water for hand washing, protected display cases for food being displayed on shop counters, notices regarding the control of dogs, are a few of the indications of the increasing interest of managements and staff in the matter of clean food handling. There remains much to be done, however, especially in the case of some of the old property which was never intended for the purpose for which it is being used. The occupiers of such premises must, of necessity, have a more

difficult task to maintain a high standard of food hygiene than those in premises designed for the purpose, namely the storage, preparation and handling of foodstuffs. There is no doubt, as I have stressed on many occasions, that registration of all food premises should be a legal requirement and I am of the opinion that no foodshop should be so registered, no matter how small, unless there is a separate room other than the shop, for the preparation and storage of the foodstuffs, together with satisfactory cloakroom accommodation.

Although many items received attention as a result of verbal requests made by the Inspectors during their visits, it was necessary to serve 58 informal notices during the year. Of the notices served during 1950/51, 44 were complied with.

Legal action was taken against a food manufacturer for using unregistered premises after several warnings had been given. As a result of this prosecution the defendant was fined £10.

Milk—

Number of Distributors on Register	109
Number of Pasteuriser's Licences issued	2
Number of licences to sell Pasteurised milk	61
Number of licences to sell T.T. milk	17
Number of licences to sell Sterilised milk	78

The following samples of milk were taken for bacteriological examination and testing:—

1. Pasteurised milk—

- (a) Pasteurised in the Borough 51
Of these one failed both the phosphatase and the methylene blue test and one the phosphatase only.
The remainder satisfied both tests.
- (b) Pasteurised outside but retailed in the Borough ... 13
All satisfied the methylene blue and phosphatase tests.

2. Untreated milk—Six samples of raw milk (which is being distributed by retailers in the Borough) were sent for biological test. All revealed negative results.

Ice Cream—

Number of manufacturers on Register	8
Number of premises registered for storage and sale only ...	154

Twenty-three samples of ice cream were sent to the Analyst for examination and grading in the provisional methylene blue grades, with the following results:—

	Methylene Blue Test Grades			
	1	2	3	4
Number of samples, 23	12	2	4	5

During the year an Order was introduced giving a fat and sugar standard for ice cream. Samples taken shortly after the Order came into force revealed several cases showing deficiency in fat content. The matter was discussed in each case with the manufacturer responsible and subsequent samples were all entirely satisfactory.

Food Sampling—

A total of 151 samples of food were taken for analysis and bacteriological examination.

One sample of shell-fish was found to be bacteriologically unfit and the matter was taken up with the local authority for the area in which the shell-fish had been gathered. Nine samples of pre-packed foods were found to be mite infested and the remainder of the affected stock was condemned.

It was necessary to prosecute one manufacturer for selling sausage deficient in meat content. The defendant was fined £10 for this offence.

Inspection of Animals Slaughtered for Human Consumption—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5561	985	1880	16423	1988
Number inspected	5561	985	1880	16423	1988

Condemned for diseases other than Tuberculosis:—

Whole carcases	14	23	12	36	74
Part carcases or organs ...	3644	610	6	377	124

Tuberculosis only:—

Whole carcases	27	33	11	—	10
Part carcases or organs ...	848	498	—	—	173

Inspection and Condemnation of Food—

The following is a summary of various foodstuffs inspected during the year and condemned as unfit for human consumption:—

Bacon and Ham	...	...	...	50 $\frac{3}{4}$	lb.
Butter and Margarine	...	...	...	146	lb.
Biscuits	...	...	...	11 packets, 3 dozen, 31 $\frac{1}{2}$ lb., 174 $\frac{1}{2}$ tins	
Cake	...	...	...	1 cake and 4 lb.	
Cereals	...	...	...	45 packets	
Cheese	...	...	...	5,900 packets, 252 boxes, 68 lb.	
Cocoa and Coffee	...	...	...	18 tins, 4 jars	
Cooked and Tinned Meats	...	...	...	361 $\frac{3}{4}$ lb., 2,681 tins	
Prawns	...	...	...	28 lb.	
Dried Fruit	...	...	...	31 $\frac{1}{2}$ lb.	
Dates	...	...	...	1 case, 4 packets	
Eggs	...	...	...	137	
Fats	...	...	...	7 tins	
Fish	...	...	...	9 cwt., 3 stone, 666 tins	
Fish and Meat Paste	...	...	...	50 jars, 160 tins	
Flour	...	...	...	3 lb.	
Cake and Pudding Mixture	...	...	...	550 packets, 5 tins	
Fruit	...	...	...	10 boxes, 7,104 tins, 212 jars, 92 tins fruit juice	
Ice Cream	...	...	...	26 $\frac{1}{2}$ dozen blocks	
Jam, Marmalade, Syrup and Mincemeat	...	...	...	335 jars, 3 tins	
Jelly	...	...	...	21 packets	
Malt Extract	...	...	...	11 jars	
Milk	...	...	...	837 tins	
Mustard	...	...	...	1 jar	
Pickles and Sauces	...	...	...	713 jars, 89 bottles	
Meat Pies	...	...	...	15	
Rabbits	...	...	...	44 pairs	
Salad Cream	...	...	...	10 jars	
Sandwich Spread	...	...	...	16 jars	
Sausages	...	...	...	235 lb.	
Soup	...	...	...	355 tins	
Sugar	...	...	...	130 lb.	
Sweets	...	...	...	255 $\frac{1}{4}$ lb.	
Trifles	...	...	...	36 packets	
Vegetables	...	...	...	19 $\frac{1}{4}$ lb. dried peas, 56 lb. beans, 4,530 tins, 2 jars	
Marshmallow Cream	...	...	...	28 lb.	
Bovril	...	...	...	2 jars	
Dried Ginger	...	...	...	1 cwt.	
Bananas	...	...	...	35 bunches	
Nuts	...	...	...	8 bags	
Vinegar	...	...	...	1 bottle	
Mashed Potato Powder	...	...	...	120 lb.	
Artificial Cream	...	...	...	7 tins	

Water Sampling—

One sample of water was taken from a domestic supply.

The Analyst's report showed that the sample was of good and wholesome quality.

FACTORIES ACT, 1937

Total number of factories on the register at the end of the year was 319 compared with 321 for the year 1950. Regular inspection was carried out and the premises were generally well maintained. It was necessary to send written notices in five cases requiring improvements.

In the following table, prescribed particulars on the administration of the Factories Act, 1937, are given:—

1. Inspections for purposes of provisions as to health—

PREMISES	Number on Register	Number of Inspections	Number of Written Notices
(a) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	43	30	1
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	276	218	4
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—
Total	<u>319</u>	<u>248</u>	<u>5</u>

2. Cases in which defects were found—

PARTICULARS	Number of cases in which defects were found Referred			
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) ...	15	9	—	—
Overcrowding (S.2) ...	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)—				
(a) insufficient	—	—	—	—
(b) unsuitable or defective ...	14	13	—	1
(c) not separate for sexes ...	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	10	7	—	—
Total	<u>39</u>	<u>29</u>	—	1

ERNEST VARLEY, Chief Sanitary Inspector.

INFECTIOUS DISEASES

The number of cases of infectious disease notified in the Borough during the year 1951, considerably exceeded the figure for 1950, 1,676 against 1,069. This increase is practically wholly accounted for by large increases in the figures for measles and pneumonia, 63 cases of pneumonia were notified in the first quarter of the year, eight more than were notified during the whole of 1950. The epidemic of measles which started in the last quarter of 1950 reached its peak during the first quarter of 1951, when 859 cases were notified. The incidence of scarlet fever and whooping cough was similar to 1950, the former showing a slight fall and the latter a slight rise on last year's figures. Confirmed cases of poliomyelitis fell from nine in 1950 to four in 1951.

Deaths from infectious diseases during the year were:—

Whooping cough 3; Measles 2; and Meningococcal infections 1.

There were no deaths from diphtheria or poliomyelitis.

The number of cases of infectious disease, after correction, notified in each quarter of the year 1951 is shown in the following table:—

	Quarter Ended					Total
	31st Mar.	30th June	30th Sept.	31st Dec.		
Scarlet Fever	24	11	20	49	104
Diphtheria	1	—	1	2	4
Measles	859	170	15	1	1045
Whooping Cough	59	49	76	194	378
Pneumonia	63	12	5	28	108
Erysipelas	4	1	3	5	13
Meningococcal Infection	2	—	4	1	7
Puerperal Pyrexia	1	2	3	2	8
Acute Poliomyelitis—						
Paralytic	—	2	1	—	3
Non-Paralytic	—	—	1	—	1
Dysentery	4	—	—	—	4
Paratyphoid Fever	—	1	—	—	1
<hr/>						
Totals	1017	248	129	282	1676

The case-rates per 1,000 of the population for certain infectious diseases in 1951 for England and Wales, the 126 County Boroughs and Great Towns, and Stockton-on-Tees, are shown in the following table:—

DISEASE		England & Wales	126 C.B.'s & Great Towns inc. London	Stockton- on-Tees
Typhoid Fever	...	0·00	0·00	—
Paratyphoid Fever	...	0·02	0·03	0·01
Meningococcal Infection	...	0·03	0·04	0·09
Scarlet Fever	...	1·11	1·20	1·41
Whooping Cough	...	59	49	76 194 378
Diphtheria	...	0·02	0·02	0·05
Erysipelas	...	0·14	0·15	0·17
Smallpox	...	0·00	0·00	—
Measles	...	14·07	13·93	14·18
Pneumonia	...	0·99	1·04	1·46
Acute Poliomyelitis (including Polioencephalitis)—				
Paralytic	...	0·03	0·03	0·04
Non-Paralytic	...	0·02	0·02	0·01
Food Poisoning	...	0·13	0·15	—

ISOLATION HOSPITAL ACCOMMODATION

All cases of infectious disease occurring in the Borough are removed to the West Lane Isolation Hospital, Middlesbrough. The following table shows the number of cases of each of the diseases specified admitted to the Isolation Hospital during the year 1951. In many cases the original diagnosis was amended after admission to hospital, the amended figures being shown in brackets:—

Scarlet Fever	...	...	...	97 (93)
Paratyphoid	...	...	...	1
Diphtheria	...	...	...	16 (4)
Measles	...	...	...	17
Whooping Cough	...	...	...	36
Poliomyelitis	...	...	...	5 (4)
Polioencephalitis	...	...	...	1
Puerperal Pyrexia	...	...	...	4
Dysentery	...	...	...	18
Pneumonia	...	...	...	32
Meningitis	...	...	...	9 (7)
Gastro Enteritis	...	...	...	85
Rubella	...	...	...	1
Tonsillitis	...	...	...	1
Pemphigus	...	...	...	2
Food Poisoning	...	...	...	4 (—)
Sonne Dysentery	...	...	...	2
Bronchitis	...	...	...	11
Glandular Fever	...	...	...	2
Cervicitis	...	...	...	1
Pyelitis	...	...	...	1
Nephritis	...	...	...	1
Cellulitis	...	...	...	1
Drug Rash	...	...	...	1
Anthrax	...	...	...	1 (—)
Infantile Exzema	...	...	...	1
Observation	...	...	...	3

Hospital accommodation is particularly valuable in cases of gastro enteritis. Eighty-five cases of this condition, most of them young infants were removed to hospital for varying periods during the year. Many of these cases occur in homes where it is almost impossible to apply even elementary hygienic principles and there is no doubt that careful nursing in hospital has been the means of saving many lives.

LABORATORY FACILITIES

Excellent laboratory facilities are available at the Public Health Laboratories at Middlesbrough, Northallerton and Newcastle. Almost any type of specimen may be sent for examination free of cost.

Samples taken under the Food and Drugs Act, 1938, and samples of water are sent to the Public Analyst at Darlington. Samples of heat-treated milk are examined by the phosphatase and methylene blue tests, and samples of milk to be examined for tubercle bacilli by animal inoculation are sent to the Public Health Laboratory at Middlesbrough. Specimens for examination for the Rh Factor, blood grouping, and Wassermann reaction are sent to the pathological laboratory at Middlesbrough.

THE PUPERAL PYREXIA REGULATIONS, 1951

These Regulations came into operation on the 1st August, 1951. The Regulations continue the effect of previous regulations—which are now revoked—with slight modifications, including a revised definition of puerperal pyrexia. Any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more has occurred within 14 days of childbirth or miscarriage, is now notifiable as “puerperal pyrexia.”

TUBERCULOSIS

The following table shows the state of the Tuberculosis Register at the commencement and end of 1951:—

	Respiratory			Non-Respiratory			Gross Total
	M.	F.	Total	M.	F.	Total	
No. of cases on Reg. 1/1/51 ...	220	137	357	39	56	95	452
Added during year ...	... 51	44	95	6	5	11	106
Removed during year ...	... 63	31	94	9	11	20	114
Remaining on Reg. 31/12/51 ...	208	150	358	36	50	86	444

The reason for removal from the register was:—

	Respiratory	Non-Respiratory	Total
Death ...	22	4	26
Recovered ...	25	6	31
Removed ...	25	4	29
Not Tuberculosis ...	22	6	28
 Totals ...	 94	 20	 114

The number of deaths shown here is not comparable with that shown in the Registrar General's annual return as some cases of tuberculosis are not notified before death and are, therefore, not included in the register and the deaths of many persons whose names appear on the register are certified as being due primarily to causes other than tuberculosis.

The incidence of tuberculosis in the Borough still remains high, 95 new cases of respiratory tuberculosis being notified as against 99 during 1950. Eleven cases of the non-respiratory types of the disease were notified, a decrease of one on last year's figure. At the end of the year 1951, the number of names on the register of cases of respiratory tuberculosis had increased by one while those on the register of non-respiratory cases decreased by nine.

The case rates per 1,000 of the population for all forms of tuberculosis during the past seven years were as follows:—

1945	...	...	...	...	...	...	1·47
1946	...	...	...	...	...	...	1·16
1947	...	...	...	...	...	...	1·38
1948	...	...	...	...	...	...	1·45
1949	...	...	...	...	...	...	1·28
1950	...	...	...	...	...	...	1·50
1951	...	...	...	...	...	...	1·42

The total number of deaths registered as being due to tuberculosis was 28, a reduction of six on last year's figure. Twenty-four of these deaths were from respiratory and four from non-respiratory tuberculosis. It is gratifying to note that the sharp fall in the number of deaths from the disease registered in 1950 was continued in 1951.

In the following table the deaths from respiratory and non-respiratory tuberculosis are classified according to age and sex:—

DEATHS FROM TUBERCULOSIS, 1951

Age Periods	M.	F.	Respiratory		Non-Respiratory		Gross Totals
			Total	Total	M.	F.	
Under 1	...	—	—	—	—	—	—
1—4	...	1	—	1	3	1	4
5—14	...	—	—	—	—	—	—
15—24	...	—	—	—	—	—	—
25—44	...	1	—	1	—	—	1
45—64	...	14	3	17	—	—	17
65—75	...	3	1	4	—	—	4
75 and over	—	1	1	—	—	—	1
Totals	...	19	5	24	3	1	28

Two points worthy of note in this table are that almost

four times as many males as females died from the disease and out of 24 deaths from respiratory tuberculosis only two occurred at ages below 45.

The death rate from the disease was 0·38 per 1,000 of the population compared with 0·46 for 1950 and 0·64 for 1949. Corresponding rates in England and Wales and the 126 County Boroughs and Great Towns were 0·31 and 0·37 respectively.

The average death-rate for both types of the disease per 1,000 of the population for each five-year period from 1911 to 1950 and the rates for the individual years 1949—1951 are given below.

		Respiratory	Non-Respiratory	Total
1911—15	...	1·28	0·75	2·03
1916—20	...	1·30	0·57	1·87
1921—25	...	0·91	0·37	1·28
1926—30	...	0·90	0·35	1·25
1931—35	...	0·74	0·20	0·94
1936—40	...	0·63	0·14	0·77
1941—45	...	0·71	0·11	0·88
1946—50	...	0·49	0·12	0·61
1949	...	0·57	0·07	0·64
1950	...	0·38	0·08	0·46
1951	...	0·33	0·05	0·38

MASS RADIOGRAPHY SURVEY

The following statistics on the work of the Unit in the Borough during 1951 have been supplied by the Organising Secretary :—

	Numbers X-rayed on Miniature Film—Toc H Hall—			Total
	Male	Female	Total	
Children	787	846	1633	
Adults	1649	1853	3502	
Totals	2436	2699	5135	

Passed on Miniature Film	...	...	2381	2656	5037
Diagnosed on Miniature Film	...	—		1	1
Recalled for Large Film	...	...	55	42	97—1·88%
Did not attend	...	...	6	4	10
X-rayed on Large Film	...	...	49	38	87
Found to be normal on Large Film		2		—	2
Diagnosed on Large Film	...	...	22	10	32
Referred to Chest Clinic	...	...	25	28	53—1·03%
Not yet diagnosed	...	...	2	—	2
Did not attend Clinic	...	...	—	1	1

			Male	Female	Total
Abnormalities shown in Disease Groups—					
Children (Principally School Leavers)—					
Cardiovascular Disease	Congenital	—	1	—	1
Mitral Stenosis	...	...	1	—	1
*T.B. Active Primary Lesion	...	—	1	—	1
T.B. Inactive Primary Lesion	...	6	4	—	10
T.B. Active Post Primary	...	1	—	—	1
Totals	...	...	8	6	14

*This child was under school age

Adults—

Active T.B.	...	...	...	...	6	6	12
Inactive T.B.	...	...	...	...	14	15	29
Pleural Abnormalities	...	...	...	...	3	—	3
Bronchiectasis	...	...	...	...	8	2	10
Bronchogenic Carcinoma	...	...	...	...	3	—	3
Cardiovascular Diseases	...	...	...	...	2	5	7
Miscellaneous	...	...	...	...	—	3	3
Totals	...	...	...	...	36	31	67

Numbers X-rayed on Miniature Film—

Industrial Firms in the Borough—

Total number X-rayed on

Miniature Film	2273	449	2722
----------------	-----	-----	-----	------	-----	------

Abnormalities shown in Disease Groups—

Active T.B.	...	...	...	...	4	—	4
Inactive T.B.	...	...	...	...	21	4	25
Bronchiectasis	...	...	...	...	3	—	3
Cardiovascular Disease	...	...	...	...	1	1	2
Miscellaneous	...	...	...	...	3	—	3
Totals	...	...	...	...	32	5	37

CANCER

Although the number of deaths from cancer increased by two during the year the percentage of the total deaths fell from 15 to 14. There does not appear to have been any significant increase in the rate for any of the sites affected and the deaths were divided between the sexes in almost equal proportions. The preponderance of males in the group whose deaths were attributed to cancer of the respiratory system being balanced by the deaths among females from cancer of the breast and genital organs.

The cancer death-rate for the year 1951 was 1.80, a slight increase on the rate for the previous year. This rate

is slightly below the provisional rate for England and Wales which is 1.96.

In the following table the deaths excluding leukaemia are classified according to age, sex and site affected:—

	25/44		45/64		65/74		75/84		Over 85		Total	Gross Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Buccal Cavity and Pharynx	—	—	—	—	—	—	1	—	—	—	1	—	1
Digestive Organs and Peritoneum	—	3	11	9	16	9	6	7	—	—	33	28	61
Respiratory System ...	1	—	11	4	7	1	2	—	—	—	21	5	26
Uterus ...	—	2	—	6	—	1	—	3	—	—	—	12	12
Other Female Genital Organs	—	1	—	—	—	—	—	—	—	—	—	1	1
Breast ...	—	1	—	7	—	1	—	5	—	2	—	16	16
Male Genital Organs ...	—	—	—	—	—	—	2	—	—	—	2	—	2
Urinary Organs	—	—	1	1	2	—	—	—	—	—	3	1	4
Brain and other parts of nervous System ...	1	—	—	1	1	—	—	—	—	—	2	1	3
Other and Unspecified Organs ...	—	—	1	—	—	2	—	—	—	—	1	2	3
Totals . . .	2	7	24	28	26	14	11	15	—	2	63	66	129

The death-rates from this disease for each of the past six years have been:—

Per 1,000 of population

1946	...	...	...	...	...	...	...	...	...	...	1.52
1947	...	...	...	...	...	...	...	...	...	...	1.63
1948	...	...	...	...	...	...	...	...	...	...	1.41
1949	...	...	...	...	...	...	...	...	...	...	2.07
1950	...	...	...	...	...	...	...	...	...	...	1.77
1951	...	...	...	...	...	...	...	...	...	...	1.89

FOOD POISONING

No notification of food poisoning was confirmed in the Borough during 1951.

INFORMATION IN RESPECT OF THE SERVICES ADMINISTERED IN THE BOROUGH BY THE COUNTY COUNCIL UNDER PART III OF THE NATIONAL HEALTH ACT, 1946

Area Medical Officer for the County Council for the No. 12 Area which comprises the whole of the Borough of Stockton-on-Tees. Part of the services of the administrative staff of the Health Department is paid for by the County Council.

MATERNITY AND CHILD WELFARE

There was no change during the year in the situation and number of sessions held at the six child welfare centres in the Borough. As no full-time Medical Officer has been appointed for this work the medical staffing of the centres is still being carried out by medical practitioners employed on a sessional basis.

The following table shows the number of attendances made at each of the centres during 1951, the number of medical consultations, and the average attendances per session:—

CENTRE	Under 1 year	ATTENDANCES 1/5 years	Total	Average attendance per session	Number of Medical Consultations
Eastbourne Hall ...	1395	867	2262	48	291
Brown's Bridge ...	2519	1306	3825	77	802
Norton Green ...	4302	2064	6366	61	375
131 Norton Road ...	2009	589	2598	51	626
St. Anne's Terrace	1200	486	1686	35	457
Woodlands,					
Yarm Lane ...	4752	2501	7253	50	769
	—	—	—	—	—
Totals ...	16177	7813	23990	54	3320
	—	—	—	—	—

The attendances at the Ante-Natal Centres were as follows:—

CENTRE	Attendances	Average attendance per Session	Number of Medical Consultations
Robson Maternity Home ...	240	10·2	221
Norton Road	469	9·2	279
Totals	709	9·7	500

ARTIFICIAL SUNLIGHT CLINIC

Two artificial sunlight sessions are held weekly at the Child Welfare Centre, 131 Norton Road. During the year 1951, 1861 attendances were made, an average of 19 per session.

HEALTH VISITORS

Six Health Visitors are employed in the Borough, five on Maternity and Child Welfare and general health work and one on Tuberculosis and Mental Deficiency.

During the year domiciliary visits were paid by these Health Visitors as follows:—

Maternity and Child Welfare ...	... 12932
Tuberculosis ... ... ...	... 1499
General Health ... ... ...	... 36
Mental Deficiency ... ... ...	... 370
School ... ... ...	... 9
	—
Total ... ... ...	... 14846

MIDWIVES

Ten midwives are employed by the County Council for work in the Borough. During the year 1951, 615 births were notified by these midwives, compared with 657 for 1950.

IMMUNISATION AND VACCINATION

Immunisation against diphtheria is carried out principally at Child Welfare Centres and by private medical practitioners. The number of children receiving a full course of injections during the year being as follows:—

Under 5 years of age	...	...	...	686
5—14 years of age	...	...	...	46
Total	...	...	...	732

Forty-nine children received a reinforcing injection during the year.

Four hundred and twenty-eight persons, mainly children under five years of age were vaccinated against smallpox and 105 re-vaccinated.

DAY NURSERIES

Three day nurseries in the Borough provide accommodation for 152 children.

The number of places provided and the average daily attendance at each nursery during the year is given in the following table:—

NURSERY	No. of places	No. on register 31/12/51	Average daily attendances		Total
			Under 2 yrs.	2/5 yrs.	
Lorne Terrace	32	29	6·20	20·26	26·46
Norton Road	60	59	9·90	37·18	47·08
Durham Road	60	58	10·93	34·67	45·60
Totals	152	146	27·03	92·11	119·14

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Arrangements are in operation by which expectant and nursing mothers and children under five years of age who require dental treatment are referred to the School Dental Officers for examination and treatment.

Forty-six pre-school children were examined by School Dentists during the year under this arrangement. No expectant mothers were dealt with during the year. Cases requiring dentures are referred to private dentists.

HOME NURSING

Home nursing is carried out in the Borough by the District Nursing Association under an agreement with the County Council. At the end of the year 11 whole-time and three part-time nurses were employed in this work. 1183 new patients received nursing attention during the year and 37,797 visits were made by the nurses.

CARE AND AFTER CARE OF SICK PERSONS

The functions of the Tuberculosis Care Committees in the Durham County were transferred to Area Health Sub-Committees in August, 1951, and the functions of these Committees were extended to include the care and after-care of all sick persons. Eventually a social worker will be attached to each area Health Sub-Committee to assist in this work. As the local Tuberculosis Care Committee has some funds in hand it has been kept in being temporarily to assist needy tubercular families in any way thought desirable.

AMBULANCE SERVICE

The ambulance service—which comprises eight ambulances and one sitting case car, manned by 24 driver-attendants and four telephonists—covers the Borough of Stockton, the Billingham Urban District, Stockton Rural District, and by agreement with the North Riding County Council, the Borough of Thornaby and part of the Stokesley Rural District.

The following is a summary of the work carried out during the year:—

Number of journeys	12538
Number of patients carried—	
Stretcher cases	4488
Sitting cases	14851
	— 19339
Mileage covered	165419
Number of long distance journeys	191 *
Mileage	16569 *

* Included in above figures

As an experiment, all long distance journeys since 1st September are being undertaken by personnel based at Lanchester.

The number of stretcher cases carried during the year is over 1,000 less than the figure for 1950, while the number of sitting cases is 1,700 more.

DOMESTIC HELP

At the end of the year there were 33 domestic helps on the register and the number of cases receiving assistance was 67. This service has proved of great value, particularly to the aged and infirm and in cases where acute illness has deprived households of the housewife for a period.

APPENDIX

Birth-rates, Civilian Death-rates and Analysis of Mortality for the year 1951

Provisional figures based on Weekly and Quarterly Returns

	ENGLAND AND WALES	126 County Boroughs and Great Towns inc. London	148 Smaller Towns. Pop. 25000-50000 1931 Census	LONDON ADM. COUNTY	STOCKTON. ON. TEES
Deaths per 1,000 Home Population :—					
All causes	12.5	13.4	12.5	13.1
Typhoid and Paratyphoid	0.00	0.00	0.00	—
Whooping Cough	0.01	0.01	0.01	0.04
Diphtheria	0.00	0.00	0.00	—
Tuberculosis	0.31	0.37	0.31	0.38
Influenza	0.38	0.36	0.38	0.46
Smallpox	0.00	0.00	0.00	—
Acute Poliomyelitis (including Polioencephalitis)	0.00	0.01	0.00	—
Pneumonia	0.61	0.65	0.63	0.61
Deaths per 1,000 Live Births :—					
All causes under 1 year of age	29.6	33.9	27.6	26.4
Enteritis and Diarrhoea under 2 years of age	1.4	1.6	1.0	0.7

MATERNAL MORTALITY IN ENGLAND AND WALES AND STOCKTON-ON-TEES

CAUSE		Number of Deaths England and Wales	Number of Deaths Stockton- on-Tees	Rates per 1,000 total (Live & Still) Births	
				England and Wales	Stockton- on-Tees
Sepsis of pregnancy, childbirth and the puerperium	... ... ...	70	—	0·10	—
Abortion with toxæmia	... ...	3	1	0·00	0·7
Other toxæmias of pregnancy and the puerperium	... ... ...	167	—	0·24	—
Haemorrhage of pregnancy and childbirth	... ... ...	91	—	0·13	—
Abortion without mention of sepsis or toxæmia	... ... ...	37	—	0·05	—
Abortion with sepsis	... ...	66	—	0·09	—
Other complications of pregnancy, childbirth and the puerperium	... ...	125	—	0·18	—
Totals	...	559	1	0·79	0·7

INFANTILE MORTALITY, 1951

Cause of Death	M.	Sex F.	Age at Death									Total under 12 mths
			Under 1 day	1/7 days	1/4 wks	4 wks to 3 mths	3/6 mths	6/9 mths	9/12 mths	12 mths		
Prematurity	...	13	11	9	13	1	1	—	—	—	—	24
Atelectasis	...	5	1	2	4	—	—	—	—	—	—	6
Broncho-Pneumonia	5	8	—	1	4	2	1	3	2	13		
Congenital												
Malformations	...	5	3	1	3	1	2	1	—	—	—	8
Gastro Enteritis	...	2	1	—	—	1	2	—	—	—	—	3
Influenza	...	1	—	—	—	—	—	1	—	—	—	1
Whooping Cough	...	1	1	—	—	—	2	—	—	—	—	2
Marasmus	...	—	1	—	—	—	1	—	—	—	—	1
Pneumococcal												
Meningitis	...	2	—	—	—	—	1	1	—	—	—	2
Peritonitis	...	1	—	—	—	—	1	—	—	—	—	1
Cerebral												
Haemorrhage	...	3	—	—	3	—	—	—	—	—	—	3
Purulent Meningitis	—	1	—	—	—	1	—	—	—	—	—	1
Asphyxia Neonatorum	1	—	—	—	1	—	—	—	—	—	—	1
Spina Bifida	...	—	1	—	—	1	—	—	—	—	—	1
Intussusception	...	1	1	—	—	—	1	—	1	—	—	2
Pink Disease	...	1	—	—	—	—	—	1	—	—	—	1
Convulsions	...	—	1	—	—	—	—	—	1	—	—	1
Asphyxia-Overlaying	3	—	—	—	—	2	1	—	—	—	—	3
Sclerema												
Neonatorum	...	1	—	—	1	—	—	—	—	—	—	1
Congenital												
Ichthyosis	...	—	1	—	—	—	1	—	—	—	—	1
Bronch-Pneumonia												
Erythroblastosis	...	1	—	1	—	—	—	—	—	—	—	1
Totals	...	46	31	13	26	9	16	6	5	2	77	

CAUSES OF DEATH IN STOCKTON-ON-TEES, 1951

	Cause of Death					Total	Males	Females
	All Causes	...	...	...	...	962	535	427
1.	Tuberculosis, respiratory	...	...	...	...	24	19	5
2.	Tuberculosis, other	...	...	...	...	4	3	1
3.	Syphilitic disease	...	...	...	...	2	—	2
4.	Diphtheria	...	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	...	3	1	2
6.	Meningococcal Infections	...	...	...	...	1	1	—
7.	Acute Poliomyelitis	...	...	...	...	—	—	—
8.	Measles	...	...	...	...	2	—	2
9.	Other infective and parasitic diseases	...	...	...	...	3	1	2
10.	Malignant Neoplasm, stomach	...	...	...	...	22	14	8
11.	Malignant Neoplasm, lung, bronchus	...	...	...	...	22	19	3
12.	Malignant Neoplasm, breast	...	...	...	...	16	—	16
13.	Malignant Neoplasm, uterus	...	...	...	...	12	—	12
14.	Other malignant and lymphatic neoplasms	...	...	...	...	57	32	25
15.	Leukaemia, aleukaemia	...	...	...	...	4	2	2
16.	Diabetes	...	...	...	...	4	1	3
17.	Vascular lesions of nervous system	...	...	...	...	105	56	49
18.	Coronary disease, angina	...	...	...	...	119	82	37
19.	Hypertension with heart disease	...	...	...	...	21	13	8
20.	Other heart disease	...	...	...	...	180	81	99
21.	Other circulatory disease	...	...	...	...	40	26	14
22.	Influenza	...	...	...	...	34	20	14
23.	Pneumonia	...	...	...	...	45	20	25
24.	Bronchitis	...	...	...	...	58	35	23
25.	Other diseases of the respiratory system	...	...	...	...	6	4	2
26.	Ulcer of stomach and duodenum	...	...	...	...	7	5	2
27.	Gastritis, enteritis and diarrhoea	...	...	...	...	4	3	1
28.	Nephritis and nephrosis	...	...	...	...	8	4	4
29.	Hyperplasia of prostate	...	...	...	...	2	2	—
30.	Pregnancy, childbirth, abortion	...	...	...	...	1	—	1
31.	Congenital malformations	...	...	...	...	7	5	2
32.	Other defined and ill-defined diseases	...	...	...	...	115	63	52
33.	Motor vehicle accidents	...	...	...	...	3*	2	1
34.	All other accidents	...	...	...	...	21	12	9
35.	Suicide	...	...	...	...	9	8	1
36.	Homicide and operations of war	...	...	...	...	1	1	—

*Locally compiled figures show four deaths from motor vehicle accidents—3 male, 1 female.

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION

Report on the work of the School Health Service, 1951:—

Details associated with Education in the Borough—

Number of schools (excluding the Secondary Grammar School)	24
These include 18 Primary Schools, five Secondary Modern Schools and one Special Open Air School for Delicate Children	
Number of children for whom accommodation is provided ...	14,582
Number of children on roll at the end of the year	11,398

MEDICAL INSPECTION

Dr. Goldston, Assistant School Medical Officer, resigned at the end of March, 1951. As no appointment was made, there was no routine medical inspection whatever during the rest of the year, consequently the number of children inspected in the prescribed age groups was only 649. Fifty-five children of various ages not within the prescribed age groups were inspected.

1,560 children, referred by parents, teachers, school nurses or enquiry officers were examined as "Specials."

335 re-inspections of children suffering from one or more defects were carried out during the year.

PUPILS FOUND TO REQUIRE TREATMENT

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below.

Group	For Defective		Total individual pupils
	Vision (excluding squint)	For any other conditions	
Entrants	16	46	58
Second Age Group	25	35	52
Third Age Group	38	34	68
Total (prescribed groups)	79	115	178
Other Periodic Inspections ...	8	13	19
Grand Total	87	128	197

The following Table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation.

DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
	NUMBER Requiring treatment	OF DEFECTS Requiring to be kept under observation	NUMBER Requiring treatment	OF DEFECTS Requiring to be kept under observation
Skin	7	2	27	—
Eyes—				
(a) Vision	87	21	437	94
(b) Squint	6	3	124	34
(c) Other	4	1	3	17
Ears—				
(a) Hearing	—	11	5	12
(b) Otitis Media ...	14	7	47	8
(c) Other	11	3	17	1
Nose or Throat	54	94	130	48
Speech	19	12	5	3
Cervical Glands	—	376	5	79
Heart and Circulation	—	90	—	45
Lungs	—	33	22	21
Developmental—				
(a) Hernia	—	—	—	—
(b) Other	2	5	1	1
Orthopaedic—				
(a) Posture	—	2	—	—
(b) Flat foot	—	1	3	3
(c) Other	1	6	6	8
Nervous System—				
(a) Epilepsy	2	1	1	—
(b) Other	1	12	16	6
Psychological—				
(a) Development ...	—	—	—	—
(b) Stability	1	—	3	1
Other defect or disease	20	8	141	68

NUTRITION

The general condition of the pupils inspected was classified as shown in the following Table.

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No. col. 2	% of No. col. 2	No. col. 2	% of No. col. 2	No. col. 2	% of No. col. 2
Entrants	148	38	25·67	76	51·35	34	22·97
Second Age Group ...	141	40	28·36	77	54·60	24	17·02
Third Age Group ...	360	173	48·05	149	41·38	38	10·55
Other Periodic Inspections	55	16	29·09	24	43·63	15	27·27
Total	704	267	37·92	326	46·30	111	15·76

ARRANGEMENTS FOR TREATMENT—MINOR AILMENTS

The following table shows the number of defects treated or under treatment during the year:—

Defect	Number of cases treated or under treatment during the year					
	By the Authority			Otherwise		
Skin—Ringworm—						
(i) Scalp	7	—
(ii) Body	51	—
Scabies	21	—
Impetigo	172	—
Other skin diseases	5	2
Eye Disease—External and other, but excluding errors of refraction and squint						
Eye Disease	265	—
Ear Defects						
Ear Defects	204	—
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, etc.						
Miscellaneous	8,860	4
Total	9,585	6	—

Newham Grange Clinic, which had been taken over as a dental clinic during alterations to Woodlands, was reopened as a minor ailments clinic in March, 1951.

During the year a minor ailment clinic was built in the Tilery Road School yard and was opened in September, 1951. This clinic provides facilities for treatment of minor ailments of the Tilery Road School children, and for medical, dental and nursing inspections.

The total number of attendances at the minor ailment clinics during the year was 26,490, an increase of 3,730 as compared with those for 1950.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

The Consultant Ophthalmic Surgeon attended the School Clinic twice weekly during 1951. 718 children attended for refraction examination and one for other defect of the eyes. Ten of the children examined were pre-school children.

Spectacles were prescribed for 529 of the children examined, and of this number 453 are known to have obtained spectacles, an improvement of approximately 20% in the number of children obtaining them, as compared with 1951. The supply position in general now appears quite satisfactory.

Operative treatment for correction of squint was recommended in 14 cases.

There were no new certifications during the year of blind or partially sighted children. Two children already certified

as partially sighted and in need of special tuition (one certified in August, 1949 and the other in January, 1950) are still awaiting admission to a special school. A third child, certified in August, 1950, has been nominated for a vacancy in January, 1952.

In order that cessation of routine medical inspection should have no ill effect due to non-ascertainment of defective vision, the school nurses visited every school and tested the vision of all children who had not had a recent medical inspection. All children who appeared to have defective vision were referred to the Consultant Ophthalmic Surgeon for examination.

ORTHOPTIC CLINIC

Orthoptic Clinic sessions were held four times per week from the end of January until the end of October, 1951. Miss Hurst, Orthoptist, reported as follows:—

Number of sessions held ...	...	...	...	...	...	...	...	128
Total attendances ...	...	...	...	...	...	...	...	485
Average attendance per session ...	...	...	...	...	...	...	...	3·7
Number of patients having course of treatment—								
Weekly ...	...	...	...	...	...	...	...	10
Monthly ...	...	...	...	...	...	...	...	20
Number of patients having course of occlusion ...	...	...	...	...	...	...	...	11
Number of patients under observation ...	...	...	...	...	...	...	...	38
Number of patients unsuitable for training ...	...	...	...	...	...	...	...	12
Number of patients referred for operation ...	...	...	...	...	...	...	...	7
Number of patients on waiting list for operation from 1950								15
Number of patients had operation ...	...	...	...	...	...	...	...	8
Discharges—								
Failed to attend on being sent for ...	...	...	...	...	...	...	...	3
Cured ...	...	...	...	...	...	...	...	9
Improved ...	...	...	...	...	...	...	...	4
Patients referred by surgeon and not seen yet ...	...	...	...	...	...	...	...	25

On the resignation of Miss Hurst at the end of October, sessions reverted to twice weekly. Sixteen sessions were held in November and December, with a total attendance of 91.

NOSE AND THROAT DEFECTS EAR DISEASE AND DEFECTIVE HEARING

The Consultant Aural Surgeon held 16 sessions during the year, a decrease of 13 sessions as compared with 1950, this being due to there being no routine medical inspection for nine months of the year, and the consequent reduction in number of children referred. 206 children, who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined, of whom 125 were recommended for operative treatment.

AUDIOMETRIC TESTS

236 children were tested by the gramophone audiometer during the year.

DEAF CHILDREN—SPECIAL SCHOOL

Eight deaf and two partially deaf children attend Middlesbrough School for the Deaf. One deaf child is at a Residential School for the Deaf, and one boy, now 18 years of age, is still maintained by the Committee for Education at a Residential School.

ORTHOPAEDIC AND POSTURAL DEFECTS

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department at Stockton and Thornaby Hospital or to other hospitals. Five children received treatment as in-patients of hospitals and nine children were treated in the Thornaby School Clinic premises, where there is an out-patient department for children discharged from the Adela Shaw Orthopaedic Hospital, Kirbymoorside.

HOME TUITION

Six physically handicapped children had home tuition during the year.

HEART DISEASE

Two children were admitted to hospital for operative treatment for congenital heart disease during the year. In one case the operation was postponed for a year; in the other the operation was successful and the child is now leading a normal life.

One child was admitted to hospital for investigation and non-operative treatment.

EPILEPSY

Two children suffering from epilepsy are in Residential Special Schools, and one is at home, awaiting admission to such a school.

CHILD GUIDANCE CLINIC

Thirteen children were referred to the Child Guidance Clinic at Darlington during the year.

An educational psychologist has now been appointed, and will take up her duties in January, 1952.

SPEECH THERAPY

The following is a report by the Speech Therapist on the work of the Speech Clinic during the year :—

		Stammer	Defective Articulation	Hard of Hearing
Total number on the register	31/12/50	86	105	8
Admissions	... ... ... ... ...	45	116	4
		—	—	—
		131	221	12
Discharges	... ... ... ... ...	31	64	5
		—	—	—
Number on register	31/12/51	... ...	100	157
		—	—	—
Attendance % during the year	...	89·5	91	68

Above is a statement in numbers of children who have been in attendance at the Speech Clinic, January to December, 1951. An analysis of the numbers shows that, of the 31 cases of stammer that have been discharged, 23 have left having attained normal speech, four children have left school in need of after school treatment; three of the four are now in attendance at the Evening Class, the fourth child, whose speech was greatly improved before she left school, was speaking quite normally by November when Evening Classes commenced; three children were discharged for non-attendance; one child who suffered from stammer plus other functional nervous disorders has been discharged by consent of all concerned, because it has been agreed that the stammer symptoms, at least, have been dispersed.

These numbers show clearly the value of the work that is being done with very young children, since 22 stammerers out of the 23 who have attained normal speech are Stockton children, and only one is from the County, where through lack of assistance, this work has until recently been commenced at a much later stage in the child's school life. Of the three names removed from the register for non-attendance, one is a County child, the other two from Stockton.

Of the 64 cases of defective articulation discharged, 52 have attained normal speech (five are County cases); four have attained speech that is normal within mental ability (one County case); two left the area; one left school; five from Mill Lane Boys' School have been transferred for special attention in their own school. In this department, a teacher has been appointed who is specialising in speech work, and by arrangement with the Head Teacher there, a group of children who are poor speakers, but non-medical cases, will be brought to the Speech Clinic once a fortnight for a period of 40 minutes, where work of an advisory kind will be carried on with the Speech Therapist.

Of the five cases of hard of hearing children who have been discharged all are considered by their teachers to be lipreading sufficiently well to enable them to keep pace educationally with children of their own age in school.

Speech Therapy in Stockton-on-Tees dates back to 1931, when the first speech therapist was appointed. The work was almost an unknown quantity in those days and Miss Margaret Jones, who held the first appointment was definitely a pioneer in her speciality. Now, in 1951, the clinic has attained a permanent home. Premises in Nelson Terrace have been altered to accommodate children who need specialised help with their speech. The place itself delights the children and also provides more cheerful and independent working conditions for the staff.

The year has been eventful apart from this, because of experiments that have been carried out in connection with various aspects of the work. During the first six months an attempt was made to test the speed of speech rehabilitation between children who receive treatment once a week at the clinic, and others who have daily speech correction exercises under special supervision in school. Mr. E. A. Hewitt of the Department of Education, Durham University, gave a great deal of time and much valuable help with the experiment, but because the work was interrupted twice by illness, and because at the final testing, judgement was hampered by poor speech recordings, the result was indeterminate though not without profit, and it is hoped to carry out further experiments in 1952.

Thanks are due to Mr. A. E. Hewitt, to Miss N. M. Walley, H.M.I. and Miss R. Gibson, M.B.E., as well as to the Head Teachers of Bailey Street, Mill Lane and Newton Infant Schools, who all co-operated generously.

Another interesting innovation has been an experiment in environmental studies with stammering children from the Junior and Senior Departments. One of the chief frustrations such children have to meet is the complete lack of spontaneous speech necessary to ask or answer questions in class, and it is difficult, within the smooth curriculum of a speech clinic to assess individual degrees of difficulty in this connection. This particular need was met by the visit of two experts who came to talk to various groups about their work. Mr. F. Moiser, Foreman Signalman on the British Railways, told a group of senior boys about the duties of a signalman, and Mr. E. Fleming of the Head Post Office, Middlesbrough, told the story of the Royal Mail from its commencement, and peppered the talk with stories of experiences from the daily work of a postman.

Both of these occasions provided ample opportunity for asking and answering spontaneous questions, and also provided constantly recurring topics for later discussion. Mr. Fleming came to us three times in all, having once been a stammerer himself, he perfectly understood the need of the children, and not only did he interest them to the extent of creating a demand from some of the boys to know the

rates of pay for postmen, but also told them of ways in which he had helped himself to adjust his speech.

This experiment was singularly successful from the point of general interest and oral practice.

In August pictures showing activities in the clinic were published in Picture Post along with an article dealing with stammer, members of the staff of Picture Post stayed with us for a week to make the necessary investigations, and the article has drawn correspondence from as far away as Shanghai.

Most helpful to all parents, on 12th December, Dr. Britain Jones gave a lecture on "Happiness" to an audience of approximately 200 parents and teachers of children who are in attendance at the clinic. The lecturer showed a deep insight into human problems and the audience left the meeting stimulated and encouraged to organise their best sentiments and dispositions in adjustment with their surroundings, for Dr. Britain Jones had convinced us that this is the structure on which happiness is built.

DENTAL INSPECTION AND TREATMENT

The Table shown below gives details of dental inspection and treatment during 1951:—

Number of pupils inspected—

(a) Periodic age groups	...	...	...	10,249
(b) Specials	...	...	...	916
				— 11,165

Number found to require treatment 6,292

Number referred for treatment 6,292

Number actually treated 3,873

Attendances made by pupils for treatment 4,169

Half-days devoted to—

Inspection	...	...	...	...	...	...	127
Treatment	...	...	...	...	...	...	691
							— 818

Fillings—

Permanent teeth	...	...	...	...	...	2,157
Temporary teeth	...	...	...	...	...	174
						— 2,331

Number of teeth filled—

Permanent teeth	...	...	...	...	...	1,787
Temporary teeth	...	...	...	...	...	160
						— 1,947

Extractions—

Permanent teeth	...	...	...	...	...	266
Temporary teeth	...	...	...	...	...	2,751
						— 3,017

Administrations of general anaesthetics for extraction ... 566

Other operations—

Permanent teeth	...	...	...	...	...	637
Temporary teeth	...	...	...	...	...	227
						— 864

CLEANLINESS INSPECTIONS

The number of inspections carried out during the year totalled 37,202. Although this was a decrease as compared with 39,780 in 1950, when an exceptionally high number of inspections were made, it was in fact a higher number than in any year previous to 1950, in spite of time taken up with vision testing. Of the 37,202 examinations made, 1,159 individual children were found to be unclean.

DAY OPEN AIR SCHOOL FOR DELICATE CHILDREN

The school has accommodation for 140 children, and at the end of the year all places were filled.

The arrangement whereby the Assistant School Medical Officer made regular fortnightly visits to the school to examine the children had to be suspended temporarily after the end of March, owing to shortage of medical staff, as had also the periodical examination of children after discharge.

The types of case most usually admitted are debility, malnutrition, anaemia, bronchitis, asthma, rheumatism, chorea, suitable heart cases, cases of non-infective tuberculosis and convalescence after illnesses and operations.

During 1951, 70 children were admitted to the school, the various ailments for which they were admitted being as set out below :—

Malnutrition	...	...	...	...	...	...	22
Bronchitis	...	...	...	...	...	...	16
Debility	...	...	...	...	...	...	12
Convalescence	...	...	...	...	...	...	8
Non-infective tuberculosis	...	...	...	...	...	...	3
Heart cases	...	...	...	...	...	...	3
Rickets	...	...	...	...	...	...	2
Enlarged cervical glands	...	...	...	...	...	...	2
Anaemia	...	...	...	...	...	...	1
Deformity of spine	...	...	...	...	...	...	1
							—
Total	...	...	...	...	...	70	—

HENRY J. PETERS,
Borough School Medical Officer.

